

Vonda M. Wallace
Patrol Agent Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/806319
2/17/00 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2	1		1				52	
3	1		1				53	
4	1		1				54	
5	1		1				55	
6	1	5	1				56	
7	1	5	1				57	
8	1		1				58	
9	1		1				59	
10	1		1				60	
11	1		1				61	
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46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5		5				TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	5		5				TOTAL CLAIMS	

PTO-1380 (2-78)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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